

DEMONSTRATION PERMIT APPLICATION

Kentucky State Board of Hairdressers and Cosmetologists
111 St. James Court, Suite A
Frankfort, Kentucky 40601
(502) 564-4262

Date of Application _____

DEMONSTRATION FEE: 50.00

Name of Firm/Company _____

Address: _____

(Street Address) (City) (State) (Zip Code)

(County) (Area Code + Telephone Number)

Date Demonstration to be Held: _____
(Month) (Day/Days) (Year)

Address of Demonstration Premises: _____
(Street Address)

(City) (State) (Zip Code)

Name of Guest Artist(s) Giving Demonstration: _____

Name of Company Guest Artist(s) Representing: _____

Demonstration Sponsored By: _____

Sponsor's Address: _____
(Street Address) (City) (State) (Zip Code)

Demonstration Opened To Cosmetologists Only: Yes () No ()
Demonstration Opened to General Public: Yes () No ()

Signature of Personnel in Charge of Demonstration _____ Date _____